

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000001849

1. Entity Name
BAY RIDGE FARM, L.L.C.



Principal Place of Business

5474 EFFIE DRIVE
APOPKA, FL 32712

Mailing Address

5474 EFFIE DRIVE
APOPKA, FL 32712

FILED
Jul 12, 2004 08:00 AM
Secretary of State



07072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3566764

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REED, ANN
5474 EFFIE DRIVE
APOPKA, FL 32712

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
REED, ANN
5474 EFFIE DRIVE
APOPKA, FL 32712

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
REED, ED
5474 EFFIE DRIVE
APOPKA, FL 32712

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

1100000165272
07/12/04-80006-014 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Ann Reed

ANN REED

07/07/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #